Return to:
Barbara Kosta
c/o 123 North 4th St.
Klamath Falls, OR 97601

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

81-015245
State File Number

376
Local File Number

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

53

DECEDENT

1. DECEASED—NAME: William Ferris McKibbin
2. DATE OF DEATH (month, day, year): September 28, 1981
3. RACE (White, Black, American Ind. or etc. (specify)): White
4. SEX: Male
5a. AGE—Last Birthday (years): 83
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): March 10, 1898
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center
7c. If HOSP OR INST indicate DOA, OP, Inpat., Ptn., Inpatient (Specify): D.O.A.
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): Michigan
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Opal G. McKibbin
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 558-07-3866
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Insurance Agent
14b. KIND OF BUSINESS OR INDUSTRY: Insurance
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Keno
15d. STREET AND NUMBER OR R.F.D., ZIP: Box 53 97627
15e. Inside City Limits (specify yes or no): No
16. FATHER—NAME first middle last: Robert S. McKibbin
17. MOTHER—Maiden Name first middle last: Maude T. Carroll
18. INFORMANT—NAME and relationship to deceased: Opal G. McKibbin, Wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory
19c. LOCATION city or town state: Klamath Falls, Oregon
20a. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): [signature]
20b. NAME AND ADDRESS OF FACILITY: A'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or
1
2 BI
3

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a. (Signature): [signature]
21b. DATE SIGNED (Mo., Day, Yr.): 9/25/81
21c. HOUR OF DEATH: 12:05 P. M
NAME AND ADDRESS OF CERTIFIER (Type or Print): F. Geoffrey Marx, M.D. 2614 Clover St., Klamath Falls, Oregon 97601
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
21e.

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): SEP 29 1981
REGISTRAR
22a. (Signature): [signature]

PART I
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Probable Arteriosclerotic Heart Disease — Interval between onset and death: Sud
DUE TO, OR AS A CONSEQUENCE OF
(b) and Atrial Fibrillation — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(c) — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
24. AUTOPSY (Specify Yes or No): No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

26a. ACCIDENT (Specify Yes or No)	26b. DATE OF INJURY (Mo., Day, Yr.)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED
		M	

26e. INJURY AT WORK (Specify Yes or No)	26f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26g. LOCATION STREET OR R.F.D. NO	CITY OR TOWN	STATE

RESERVED FOR REGISTRAR'S USE

HS-2 Rev-1-80

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED NOV 24 '992

Edward J. Johnson II
EDWARD J. JOHNSON II,
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 2nd day of Feb. A.D., 19 93 at 3:27 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 2424.

Evelyn Biehn - County Clerk
By Pauline Muldoon

FEE $10.00